## PRETRIAL DUI DIVERSION INFORMATION SHEET

If you have been charged with Driving Under the Influence of Alcohol and/or Drugs or an alcohol related charge, you may be eligible for consideration for the City of Wichita Diversion Program **ONLY IF:** 

You have <u>NEVER</u> been convicted of such a violation in this or any other state, or have not previously participated in Diversion of an alcohol-related offense.

Your actions did not result in an automobile accident causing personal injury to yourself or others.

Defendants with a **commercial driver's license** may not be eligible for the DUI Diversion Program.

YOU <u>MUST</u> APPLY FOR DIVERSION WITHIN 60 DAYS FROM YOUR **INITIAL** ARREST FOR DUI, and PAY THE \$25.00 APPLICATION FEE.

If your application for Diversion is accepted, the City will postpone criminal proceedings on the charge(s) against you for one year. In return you must do the following:

## \*1. PAY ALL COSTS, FINES & FEES: (SEE LAST PARAGRAPH)

| City Fine                        | \$500.00  |
|----------------------------------|-----------|
| State Fine                       |           |
| Evaluation Fee                   | 200.00    |
| Diversion Fee                    | 150.00    |
| Wichita Intervention Program Fee | 250.00    |
| Application Fee                  | 25.00     |
| Court Costs                      | 75.00     |
| TOTAL                            | \$1450.00 |

<sup>\*\*</sup>Fines to be remitted to the State must be paid in full. Community Service hours cannot be used for payment of these fines.

You will be responsible for all additional court costs incurred during the course of your case.

- 2. Attend and complete the 48-hour Wichita Intervention Program and pay the \$250 fee. You must also pay the cost of any additional treatment. The agency providing the service will assess the cost.
- 3. Agree to waive your constitutional rights to a speedy trial and a jury trial on the charges against you.
- 4. Agree to stipulate to all police reports pertaining to the facts and circumstances of the charges against you.

5. Agree to abide by whatever conditions the City Attorney or the Municipal Court Probation Office feels appropriate.

Application forms for Diversion are available in the Municipal Court Clerk's Office – 2nd Floor, City Hall, 455 No. Main - and must be filed with the Probation Office. When your application is filed, you will be given a date for a Diversion conference with the Probation Office and a Court hearing date - both of which you <u>MUST</u> attend. Failure to attend the Diversion conference and/or the Court hearing on time will result in the denial of your application for Diversion.

Diversion conferences **WILL NOT** be rescheduled.

The City Attorney shall consider the following factors among all factors considered in determining whether Diversion of a defendant is in the interest of justice and of benefit to the defendant and the community:

- 1. The nature of the crime charged and the circumstances surrounding it;
- 2. Any special characteristics or circumstances of the defendant;
- 3. Whether the defendant is a first time offender of an alcohol-related offense and if the defendant has previously participated in Diversion according to the certification of the Division of Vehicles of the State Department of Revenue;
- 4. Whether there is a probability that the defendant will cooperate with and benefit from Diversion.
- 5. Whether the available Diversion Program is appropriate to the needs of the defendant;
- 6. The impact of the Diversion of the defendant upon the community;
- 7. Recommendations, if any, of the involved law enforcement agency;
- 8. Recommendations, if any, of the victim;
- 9. Provisions for restitution;
- 10. Recommendations of the Probation Office of the Municipal Court of the City of Wichita;
- 11. Previous traffic and criminal record of defendant;
- 12. Level of blood or breath alcohol concentration;
- 13. Any mitigating circumstances.

If you successfully complete the Diversion, the DUI charge and/or alcohol related charge(s) against you will be dismissed after one year. If you fail to complete the requirements of Diversion or violate any of the terms therein, the City Attorney will ask the Court to reinstate the criminal proceedings against you. The matter will then be set for a trial using only the information contained in the police reports, stipulated to in the Diversion Agreement.

\*You must pay \$250.00 on the day you sign the Diversion Agreement - <u>NO</u>

<u>EXCEPTIONS</u>. The remaining costs are payable in installments over the next 4 months.

Persons living out of county and placed on Diversion **must pay the entire amount** on the day they sign their agreement. The \$500 City fine can be reduced by community service in exceptional cases.

## APPLICATION WILL NOT BE ACCEPTED WITHOUT PAYMENT O F THE APPLICATION FEE AT THE TIME OF FILING.

| CAS          | SE NO                        | COURT DATE            |               |              |     |
|--------------|------------------------------|-----------------------|---------------|--------------|-----|
| DOCKET NO    |                              | DATE ASSIGNED         |               |              |     |
|              | APPLICATION                  | N FOR PRE-TRIAL DU    | DIVERSION     | PROGRAM      |     |
|              | ALL ANSWERS                  | S MUST BE COMPLETE. T | TYPE OR PRINT | CLEARLY.     |     |
| 1.           | FULL NAME:                   | PHO                   |               | ONE:         |     |
|              | ADDRESS:(Street)             | (City)                | (State)       | (Zip)        |     |
| 2.           | AGE:                         | 3. BIRTH DATE:        |               | 4. SEX:      |     |
| 5.           | RACE                         | 6. PLACE OF E         | BIRTH:        |              |     |
| 7.           | SOCIAL SEC. #:               |                       |               |              |     |
| 8.           | DRIVER'S LIC #               | COMMERCIAL DL         | #             | STATE:       |     |
| 9.           | MARITAL STATUS:              | SPOUSE'S NAME:_       |               |              |     |
|              | SPOUSE'S AGE:                | _ SPOUSE'S EMPLOYMEN  | Γ:            |              |     |
| 10.          | NUMBER OF DEPENDEN           | TS:                   |               |              |     |
|              | NAME                         | <u>AGE</u>            | <u>NAME</u>   |              | AGE |
|              |                              |                       |               |              |     |
|              |                              |                       |               |              |     |
| 11: <b>1</b> | E <b>DUCATION:</b><br>SCHOOL | <u>LOCATION</u>       |               | GRADE/DEGREE |     |

| 12.   | VOCATIONAL TRAINING:                                     | YESN  | TYPE             |  |
|-------|--|-------|------------------|--|
|       |  |       |                  |  |
| 13.   | MILITARY SERVICE: YES                                    | NO    | BRANCH           |  |
|       | TYPE OF DISCHARGE  |       |                  |  |
|       |  | (FR   | ROM ACTIVE DUTY) |  |
| 14.   | NEAREST CONTACT:   |       |                  |  |
|       | NAME:  |       | TELEPHONE:       |  |
|       | ADDRESS:   |       | RELATION:        |  |
| 15. I | DEFENSE ATTORNEY:  |       |                  |  |
|       | NAME:  |       |                  |  |
|       | ADDRESS:   |       |                  |  |
|       | PHONE:   |       |                  |  |
| 16.   | PRESENT EMPLOYMENT:                                      |       |                  |  |
|       | NAME:  |       | TELEPHONE:       |  |
|       | ADDRESS:   |       |                  |  |
|       | DATE EMPLOYED  | OCCUP | ATION:           |  |
|       | SALARY:  |       |                  |  |
| 17.   | EMPLOYMENT HISTORY: (Begin with Last Previous Employer)* |       |                  |  |
|       | NAME:  |       | TELEPHONE:       |  |
|       | ADDRESS:   |       |                  |  |
|       | DATES EMPLOYED:  |       |                  |  |
|       | REASON LEFT:   |       |                  |  |
|       | NAME:  |       |                  |  |
|       | ADDRESS:   |       |                  |  |

|      | DATES EMPLOYED:   | OCCUPATION:   |    |
|------|---|---|----|
|      | REASON LEFT:  |   |    |
|      | NAME:   | TELEPHONE:  |    |
|      | ADDRESS:  |   |    |
|      | DATES EMPLOYED:   | OCCUPATION:   |    |
|      | REASON LEFT:  |   |    |
| *Lis | st past 2 years employment. If you need add   | ditional space, use blank paper.                    |    |
| 18.  | PRIOR OFFENSE RECORD:   | NONEJUVENILEADU<br>S AND/OR DIVERSIONS:             | LT |
|      |   |   |    |
|      |   |   |    |
|      | TRAFFIC OFFENSE CONVICTIONS:  |   |    |
|      |   |   |    |
| 19.  | DATE OF ARREST FOR PRESENT DU<br>CHARGE:  | • -   |    |
|      | CASE NUMBER:  | COURT DATE:   | -  |
| BAC  | C:  |   |    |
|      | Have you ever participated in a DUI or DW date participation:                             | VI diversion program? If yes, please state where an | d  |
|      | Are you now, or have you ever, participated state where and the effective date of program | d in any other diversion program? If yes, please m. |    |

| 22. | Do you have other DUI or DWI per where.  | nding in any other city, county or state?   | If yes, please state   |
|-----|--|---|--|
|     | Have you ever participated in an alore, and reason for attendance.   | cohol and/or drug treatment or counseling?  | If yes, state when,  |
| 24. | State in your own words why you v  | vere arrested for DUI.  |  |
|     |  |   |  |
| 27. |  | EHICLE INSURANCE COMPANY, YOUR A<br>R AND THE INSURANCE POLICY NUMBE  | *  |
| INS | URANCE COMPANY:  | POLICY NO:  |  |
| AGI | ENT'S NAME:  | TELEPHONE NO:   |  |
|     | Attorney temporarily delay trial as criminal proceedings or to defer p further understand that by applyin statutory and constitutional rights  I authorize the program coot this program. I understand that ar | a participant in the diversion program and requestions and requestions to a participant in the diversion program and requestions are resecution in my case rests entirely with the City for the City's diversion program, that I agree to have a speedy trial in this matter.  Indicate the conduct an investigation to determine the program of the conduct and investigation to determine the program of the conduct and investigation to determine the connection with this investigation will be a participant of the connection with this investigation will be a participant of the connection with this investigation will be a participant of the connection with this investigation will be a participant of the connection with this investigation will be a participant of the connection with this investigation will be a participant of the connection with this investigation will be a participant of the connection with the city of the connection will be a participant of the connection with the city of | to commence ty Attorney. I to waive my se suitability for y me to be |
|     | confidential.  |   |  |
|     | · -  | ion in this application may be grounds for recorm or removal after placement in the program, in secution of the original charges.   |  |
|     | DATE   | APPLICANT   |  |